





PUBLIC HEALTH DEPARTMENT

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THE CLINIC,  
MEADOW STREET,  
FALKIRK, 1957.

TO THE PROVOST, MAGISTRATES AND COUNCILLORS  
OF THE BURGH OF FALKIRK, AND THE DEPARTMENT  
OF HEALTH FOR SCOTLAND.

GENTLEMEN,

In accordance with the D.H.S. Circular 70/1956 I have the honour to present to you the Annual Report of the Health of the Burgh for the year, 1956.

I am,

Your obedient servant,

JOHN D. FINLAYSON,  
*Medical Officer of Health.*

## MEDICAL STAFF

*Medical Officer of Health—*

JOHN D. FINLAYSON, M.B.E., T.D., M.B., Ch.B., D.P.H.

*Deputy Medical Officer of Health—*

MARGARET G. MARTIN, M.B., Ch.B., D.P.H., D.C.H.

## CLERICAL STAFF

Miss Jean B. Ross.

Miss Jane A. Hill.  
(*Resigned 25/5/56*)

Miss Maud Cameron.  
(*Resigned 15/6/56*)

Miss Julia King.  
(*Appointed 3/7/56*)

Miss Jean Myles.  
(*Appointed 3/7/56*)

Miss Jean Braynion (School Department).  
(*Resigned 15/3/56*)

Miss Susanna Munro (School Department).  
(*Appointed 27/2/56*)

## DAY NURSERY STAFF

*Matron—Camelon Nursery—*

Mrs. A. F. C. Bain.

*Matron—Woodburn Nursery—*

Miss I. Gardiner.

*Matron—Merchiston Avenue Nursery—*

Miss Urquhart.

## WELFARE FOODS DEPARTMENT

Mrs. E. M. Shillinglaw.

# FALKIRK PUBLIC HEALTH NURSING SERVICE

DECEMBER, 1956

## NAMES AND QUALIFICATIONS OF STAFF

### RESIDENT

Miss M. Stewart	R.G.N., S.C.M., Q.N.S., H.V. Cert., P.T. Cert.
Miss Thomson	R.G.N., S.C.M., Q.N.S., H.V. Cert.
Miss J. B. Miller	R.F.N., R.G.N., S.C.M., Q.N.S.
Miss A. L. Sturrock	R.G.N., S.C.M., Q.N.S.
Miss F. Aitchison	R.G.N., S.C.M., Q.N.S.
Miss M. Thomson	R.G.N., S.C.M., Q.N.S.
Miss Radcliffe	R.G.N., S.C.M., Q.N.S., B.T.A. Cert.
Miss Haley	R.G.N., S.C.M., Q.N.S.
Miss Crawford	R.G.N., S.C.M., Q.N.S.
Miss Milne	R.G.N., S.C.M., Q.N.S.
Miss McGurk	R.G.N., S.C.M., Q.N.S., H.V. Cert.
Miss McCann	R.G.N., S.C.M., Q.N.S., H.V. Cert.
Miss Gregory	R.G.N., S.C.M., Q.N.S., H.V. Cert.
Miss King	R.M.N., R.G.N., H.V. Cert.
Miss Hutton	R.G.N., S.C.M., Student D.N.
Miss Smith	R.G.N., S.C.M., Student D.N.

### NON-RESIDENT

Mrs. Hamilton	R.F.N., R.G.N., S.C.M., H.V. Cert., Q.N.S.
Mrs. Busby	R.S.C.N., R.G.N., S.C.M., Q.N.S.
Mrs. Waddell	R.F.N., R.G.N., S.C.M., Q.N.S.
Mrs. Beattie	R.G.N., Q.N.S.
Mrs. Purvis	R.G.N., S.C.M., Q.N.S.

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## ANNUAL REPORT FOR 1956

### Introduction and General Survey of Services

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Two outstanding features characterised the year 1956. The first was the introduction of immunisation against Poliomyelitis, and the second the Mass Miniature Radiography Campaign in the Spring.

With regard to the Poliomyelitis immunisation, the response by the public was much better than originally anticipated : some 48 % of the particular age groups were registered for immunisation. The actual carrying out of the immunisation was considerably hampered by the supplies of vaccine. However, it was hoped that as the year progressed the supplies would be improved. In the preliminary series of vaccinations it was decided to suspend vaccinating between June and November, these months being the most likely during which Poliomyelitis would become epidemic. On the resumption of vaccination in November the supplies were still extremely limited, with the result that only 410 were vaccinated.

Regarding the survey by the Mass Miniature Radiography Units, the response by the public was considerably lower than that anticipated. The target was placed at some 15,000 and only 8,146 came forward for x-ray. While the response was disappointing, the results were very satisfactory as only 27 cases were brought to light as a result of the Mass Miniature Radiography Campaign. This included, of course, certain observation cases and gave a total percentage of .3, which percentage compared favourably with the rest of the country. It is hoped that in the not too distant future a further Mass Miniature Radiography Campaign will be carried out in the Burgh, when perhaps the response will be better.

The year was particularly free from any serious outbreak of infectious disease, the largest notifications being of Measles of which there were 151 cases. There were no notifications of Diphtheria or Poliomyelitis. There would appear to have been a modified outbreak of Dysentery but this did not assume the proportions of former years. In this connection, of course, it is essential to maintain the campaign against uncleanness, and every effort should be made to convince food handlers of the necessity of a high standard of hygiene, both personal and general.

In considering the mortality figures for the year there was a total of 440 deaths in the Burgh, 30.7% of which were due to cardiac conditions : 15.2% to cancer : 5.9% to bronchitis. It is again noteworthy that the infant mortality has come down to 22 per 1,000. This is from a total of 12 children under one year, of which seven died under four weeks.

<i>Under 4 weeks</i>				MALE	FEMALE	
Congenital Malformation	.....	.....		1	—	
Pneumonia of Newborn	.....	.....		1	1	
Other diseases peculiar to early infancy				3	1	
				—	—	
				5	2	Total 7
				==	==	

*Over 4 weeks and under 1 year*

	MALE	FEMALE	
Bronchitis .....	1	—	
Other digestive diseases .....	1	—	
Congenital malformation .....	1	—	
Other violence .....	1	1	
	—	—	
	4	1	Total 5
	==	==	
Total all under 1 year .....	9	3	12

During 1956 the Registrar General separated out the deaths from accidents in the home and a provisional number of 13 deaths from such accidents was given for the Burgh.

In studying the statistical return of the Registrar General, 1.6 deaths in the Burgh were caused by motor vehicle accidents : 3.8% of the total deaths were the result of other forms of violence.

It is one of the features of the Health Service that every effort should be made to impress upon the public how important it is to ensure the proper precautions in the home to prevent such accidents happening. The main age groups were the very young and the elderly, and as stated in previous reports the amateur electrician and the interior decorator and the so-called handy man may be the main source of the trouble in the home. It is perhaps quite appropriate to comment at the moment that tidiness does not appear to be a characteristic feature of modern day life, that coupled with the pace of modern life tends to increase the incidence of mishaps in the home. People do not appear to have the same time, or perhaps one might say they do not make the same time to attend to detail as in former years. This is a matter which should occupy the attention of all Health



Service Departments and should form one of the major parts of any health propaganda emanating from the Departments.

## ADMINISTRATION

The administration continues as in former years, being divided into two main parts, one administered by the Sanitary Inspector and one by the Medical Officer of Health. Both departments work closely together and there is the greatest co-operation between the two.

As mentioned in previous reports, the study of Social Medicine is becoming one of the main features of local Health Authorities and many factors arise in this study which require the co-operation and co-ordination of most of the departments of local Authorities. We must concern ourselves principally with the home life of the community, and in the past year or two ample opportunity has been afforded us to investigate a considerable number of homes by reason of the odd features which from time to time present themselves. To elaborate perhaps, occasional truancy will lead us to discover that there are some elements of unhappiness and discord in the home, while in other cases it may show by occasional rent arrears : perhaps in others by a display of delinquency on the part of the younger members of the family. Those features must always be taken as signs of symptoms of some pathological conditions in our social life, and it is most essential that all those who administer the health services of Local Authorities should make themselves fully conversant with the ever-widening subject of social pathology.

It is to be deplored that the modern trend of the break up of home life is not making for the good of the country. With the variety of counter attractions and the diversity of interests of the members of the family and the tendency of each individual to be completely unconcerned with the other members of the family, there does not appear to be that combined family stability that formerly characterised our country. It would appear to the average youth of today the house is merely some place to eat and sleep, and it would appear that the parents have no right to enquire as to the pursuits of their children. We must examine this problem most thoroughly in order to find the main causes of the condition and endeavour to restore and re-establish the family life of our community if we are survive to as a nation.

This is, of course, one of the biggest problems in health administration, and it is extremely difficult to carry out the treatment of the illnesses in our social life unless we have the proper people who have the right approach and have ready access to the homes.

It has been said that with the coming of the National Health Services Act the duties of the Health Service Department has been considerably lightened. I would at once hasten to point out that this is certainly not the case. As civilisation becomes more complex, the problems facing us in our study of social medicine more than replaces those items of curative medicine that have been taken over by the Hospital Boards. The main function, of course, of any Health Department is that of preventive medicine, but the term "preventive medicine" is such a wide one that it includes so many other factors and involves so many other departments of the Local Authority that there must be complete understanding and unquestioned co-operation between all the departments concerned with the welfare of the people.

The staff of the Health Service Department is as in former years and no change will be contemplated until the accommodation has been improved.

I may say here that in the foreseeable future the new Health Services Department will be established, when it is hoped that considerable expansion of the duties will be made possible.

### **JOINT USE OF STAFF**

There are no part-time Medical Officers in the services of the Local Authority.

### **CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE**

During 1956 there was a total of 558 births in the Burgh, a decrease from the previous year, of those 120 were home confinements, the remainder occurring in hospital.

I still feel that a considerable number of those cases confined in hospital could equally well have been done at home. I see no reason why more cases cannot be confined at home as the time will soon come when no facilities will be provided for the training of midwives apart from those in hospital. I cannot understand why it is that the General Practitioner will not conduct his confinements at home as this affords him an excellent opportunity of incorporation in the family circle and getting to know his patients much more intimately than he normally does by merely seeing them as and when they are ill.

The actual bringing of a child into the world should not be considered as a pathological happening but should be a natural normal occurrence, and the idea of hospitalisation tends to place the emphasis on the pathological side, which I feel is not altogether to the good either of the mother or the child.

### **(a) Expectant and Nursing Mothers**

We do not, unfortunately, have much to do with the expectant mothers, apart from those few who elect to have their babies at home. Those are visited regularly by the Nursing Staff, and it is hoped that as and when the new Health Department is established this service will be expanded, when classes in mothercraft will be organised and every effort will be made to impress the mother-to-be that it is her normal function to produce children and it should not be looked upon as a condition of any magnitude.

### **(b) Child Welfare**

The Child Welfare Service continues under the present difficult conditions of accommodation in the Clinic. This also will be reviewed and revised as and when better accommodation is available.

There is no doubt that full advantage is not taken by the people with regard to the Welfare Clinics, but this may be due to the difficulties experienced in accommodation here. We can only hope that when conditions improve these people may be encouraged to bring their children to the Welfare Centre.

## **DENTAL SERVICES**

The establishment of a Dental Service to include the expectant and nursing mothers and pre-school children is envisaged in the near future, and as and when accommodation is available this Service will come into operation.

## **THE BREAK-UP OF FAMILIES**

As stated in the Report of the previous year, the work of the Children's Council has greatly helped in the study of the cases of break-up of families. While one appreciates the limitations of the functions of the Committee, a considerable number of cases are brought to light, and as stated in the previous paragraph, ample opportunity for the study of Social Medicine is provided through the information freely exchanged between the various members of the Children's Council.

It is certainly a matter for serious consideration that the extension of the powers of this Council should be a matter of importance and dealt with from the highest level. We realise today only too well how there is a drift away from the home as such, and if we are to survive as a country it is essential that we should establish the home

on sound foundations, and it is only by the advice and guidance of such a Committee through its constituent members that we can ever hope to convince the people of the advisability of putting their house in order.

## VACCINATION AND IMMUNISATION

The number of vaccinations against smallpox during 1956 showed a marked decrease from the previous year. It is most essential that parents should realise their responsibility for conferring upon their children this simple method of protecting them from such a disease as smallpox.

There were 32 people done for the first time in adult life. In those cases the reaction was fairly severe, and again I would emphasise how important it is to ensure that there is no serious reaction to this vaccination by having the children vaccinated in infancy. Too often is the adolescent made to suffer by reason of the wrong attitude of the parents to vaccination while the child is an infant.

The percentage of children vaccinated is considerably lower than should be, and I would point out that should smallpox occur in this country it is quite evident that it will spread rapidly in an increasing unprotected population.

During 1956 there were 414 completed immunisations done against Diphtheria, Tetanus and Whooping Cough. The introduction of triple antigen has been very successful. No unfavourable reaction was experienced in any of the children immunised during this period.

Again it is interesting to record that no cases of Diphtheria occurred in the Burgh during the year under review. I would emphasise, however, that it is only by a continued campaign of immunisation against this dreaded disease that we can keep it from our midst.

A considerable number of children were immunised under the School Health Service. During medical inspection the parents were encouraged to have their children immunised against Diphtheria if this has not already been done. Any such cases as were done in infancy the parents are advised to have a boosting doze as soon as the child enters school.

There were 495 B.C.G. vaccinations carried out in 1956, 405 of whom were school leavers. It is most gratifying to us to realise how parents are appreciating the value of this method of protecting their

children against Tuberculosis. It is hoped that the day will come soon when Tuberculosis will fall into the same category as that of Diphtheria and be a "rare occurrence" instead of being the frequent cause of ill health that it used to be.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

This Section of the National Health Act has always presented a certain amount of difficulty in its interpretation, and as I have previously commented, it would appear to be somewhat of an anomaly in classification. The expression "Prevention of Illness, Care and After-Care" is bound to include the major portion of our population in some way or another, so much can be included in the expression "Prevention of Illness." Prevention of Mental Illness, Prevention of Physical Illness conjure up in our minds so many problems, and there are so many conditions which can influence the mental and physical wellbeing of a community exposed to the atmospheric pollution of industrial processes such as we experience in Falkirk.

There can be no doubt that under this Section of the Act considerable expenditure might be incurred if the full interpretation of the expression "Prevention of Illness" is to be made. However simply one explains the position to the community in general and to the individuals in particular, there is no doubt that people will expose themselves to conditions which will result in some mental or physical breakdown.

I have already commented upon the importance of the study of Social Pathology, and if one is to include the illnesses of our social fabric under this paragraph, then there is no end to the measures one would be involved in from the point of view of "prevention". Likewise the terms "Care and After-Care" would give rise to a very wide field of activity, as it would involve so many of the departments of a Local Authority as well as the various voluntary bodies and charitable organisations operating in the community.

In reviewing the problems that have presented themselves during the past year, it would appear that some type of Advisory Bureau or Advisory Council is very much required to help the younger people in setting up house and helping them in their domestic economy. So many of the social ills would appear to originate from the mis-use of Hire Purchase, coupled with the urge to "keep up with the Jones's." A small team of specialised social workers would greatly improve our social conditions and go a long way to alleviate the social ills, and I do feel that a review of our Social Services in their true interpretation is long overdue.



## CONTROL OF INFECTIOUS DISEASE

There is very little to comment upon with regard to the incidence of infectious disease during the year under review. Food poisoning is now notifiable on special forms, but during the year only one case occurred in this area.

There were 56 cases of Dysentery notified, a considerable reduction from the previous year. There were 151 cases of Measles, this being more or less the normal occurrence in a non-epidemic year.

Strangely enough there were 29 cases of Scarlet Fever notified, a slight increase from the previous year. The majority of these cases were mild and at no time did the condition assume epidemic proportions.

No case of Poliomyelitis occurred in the town during 1956.

Laboratory facilities are adequately provided under the Regional Hospital Board arrangements. The closest co-operation between this Department and the Laboratory Service continues to exist.

## MENTAL HEALTH

As I have already mentioned there is a voluntary association for the care and after-care of the mentally ill. The setting up of an Occupational Centre is now well under way, and it is hoped that in the near future this will be operating successfully. It will be a great asset to those people who would welcome a relief from the strain of supervising their handicapped children, and they may be assured that they will receive adequate care and supervision under this service.

## DAY NURSERIES

The three Day Nurseries are still an asset to the community and an integral part of the Child Welfare Service. There is an increasing demand for accommodation and the waiting lists are rising.

A further development of the Day Nursery Service might well be encouraged by the setting up of a Parents' Association. This has been tried in one or two of the Nurseries, with considerable success, and I do feel that the parents should take a keener interest in the Nurseries, as the Nurseries are largely provided for the safeguarding of their children.

The Nurses trained by the Nurseries have been very successful in their recent examinations, and they continue to serve as Training Centres for a fairly wide area.

The existence of the Meadow Street Nursery School within the Burgh is of great help to us in our training of the Nurses. While from our angle this is of importance, I cannot emphasise too strongly how valuable is the work that is done by Miss Gray-Buchanan and her staff in the field of Social Medicine.

## HEALTH EDUCATION

I am greatly indebted to the Scottish Council for Health Education for its assistance in many ways in bringing before the public in an acceptable form matters of interest and various methods for promoting the health and well-being of the community.

Every endeavour has been made to encourage the public to attend talks, discussions, film shows, demonstrations, etc., but the accommodation unfortunately limits our activity in this direction, and it is hoped that with the establishment of new Clinic premises and increased Lecture Hall facilities, this work may be extended.

During 1956 there were various Film Shows at the Clinic which were attended by a number of mothers, who found them very interesting.

## CLINIC PREMISES

The present Clinic is, of course, considerably inadequate for the work of a department dealing with a population such as Falkirk. The prospect of new premises is somewhat better, and it is hoped that an early start will be made on the building of the new Clinic.

## HOUSING

Considerable progress has been made in the housing programme of the Burgh. Adequate housing, of course, is definitely one of the factors which would readily come under the section "Prevention of Illness—Care and After-Care." Although it might be argued that the new housing conditions are an added strain on the domestic economy, if the people could be convinced that a sensible approach to re-housing would save them a great deal of unnecessary worry, then I have no hesitation in saying that the provision of modern living conditions will go a long way to raising the standard of health.

I would express my gratitude to the Housing Manager, and his staff, for their ever-ready assistance in dealing with families whose existing conditions are detrimental to their health and well-being.

## OFFENSIVE TRADES

I cannot express my feelings too strongly that the offensive and disagreeable odours from the fish works continue to plague the community. It is to be hoped that something will be done to make the living conditions of the people, particularly in the western portions of the Burgh, a little more pleasant.

## WELFARE FOODS

It will be seen from the table that the uptake of Welfare Foods continues to be considerable.

The distribution from the Health Department would appear to encourage a considerable number of the mothers to take advantage of the other services which exist under the local Health Service. It is hoped that the future development of this will be extended so that the other welfare foods will be combined in distribution with those under this heading.

### DISTRIBUTION OF WELFARE FOODS

National Dried Milk—Full Cream	37,670 tins
National Dried Milk—Half Cream	1,668 tins
Cod Liver Oil	7,329 bottles
Vitamin Tablets	1,750 packets
Orange Juice	33,573 bottles

## ACCIDENTS IN THE HOME

Considerable publicity has been given to the prevalence of accidents in the home. In recent years it has been suggested that the preventive aspect should be dealt with by the local Health Authorities. At the moment there is being carried out an investigation into the types and causes of those accidents. It is hoped to enlist the co-operation of the Hospital Authorities and the General Practitioners in carrying out this investigation. As already mentioned, the Registrar General in his annual return has included a provisional figure of deaths from accidents in the home.

## HEALTH VISITING

The Health Visiting Service continues to carry out this good work. As stated in previous reports, Falkirk is fortunate in having a combined Nursing Service. This Service works very efficiently, and there are few homes in the Burgh that have not enjoyed the services at some time or other of one or other member of the Staff.



## HOME NURSING AND MIDWIFERY

The following indicates the type of case nursed during the year

Disease of the Circulatory System .....	170
Diseases of the Respiratory System, excluding Pulmonary T.B. ....	184
Pulmonary Tuberculosis .....	14
Diseases of the Genito Urinary System .....	39
Diseases of the Digestive System .....	73
Diseases of the Nervous System .....	5
Diseases of the Blood .....	71
Diseases of the Metabolism .....	55
Diseases of the Skin .....	17
Diseases of the Ear, Nose and Throat .....	27
Diseases of the Eye .....	2
Rheumatic Diseases .....	25
Injuries, including fractures .....	11
Burns .....	17
Mammary Carcinoma .....	1
Mammary Abscesses .....	5
Senility .....	13
Measles .....	2
Erysipelas .....	1
Minor Surgical Diseases .....	106
Maternity (Home confinements) .....	120
Maternity Cases discharged from F.R.I. requiring nursing care .....	45
	<hr/>
	1,003
	<hr/>

The Home Nursing Service is fully employed, as is evident from the above table. The work is of high standard, and its efficiency is largely due to the organising ability of the Nursing Superintendent. A considerable amount of time is taken up in travelling to and from the areas and some form of new transport will require to be considered in the not too distant future.

Falkirk is recognised as a centre for the training of Nurses for Home Nursing, and we have been fortunate in obtaining a certain number of recruits to the service from the local Hospital.

## DOMICILIARY MIDWIFERY

Domiciliary Midwifery is carried out by the Nursing Service, but it is to be deplored that this Service will soon fall into abeyance if the number of cases taken in the Hospital increases any further.

There is only one private Midwife practising within the Burgh.

## **LABORATORY SERVICES**

As stated previously, the bacterial examination of specimens, etc., is carried out by the Laboratory Service of the Regional Hospital Board mainly at the new Laboratory at Bellsdyke Mental Hospital. May I take this opportunity of expressing my gratitude to Dr. Rankin and his staff for the excellent work they do for us, and for the ready co-operation with this Department experienced at all times.

## **TUBERCULOSIS**

During the year 1956 there were 47 cases of Pulmonary Tuberculosis notified, of which 40 were confirmed. There were 22 cases admitted to Hospital for treatment during the year. There were 9 cases of Non-Respiratory Tuberculosis notified. On the Register there were 327 cases of Respiratory Tuberculosis and 51 cases of Non-Respiratory Tuberculosis.

There were no cases waiting for admission to Hospital.

## **DOMESTIC HELP SERVICE**

The Domestic Help Service is still taxed to the utmost and the demand for an expansion of this Service is ever present.

The main difficulty is in dealing with the elderly section of the community, as here some 75% of the people dealt with under this Service are over 65 years of age.

It would appear there is a demand for some form of evening and week-end service. A number of the people have no one to attend to them after the domestic help leaves at 5 in the evening until the following morning, and from Saturday mid-day until Monday at 8 a.m.

Here again\* I emphasise how important it is for relatives to accept responsibility for the care of their ageing folks. So long as the Local Authority is taking the responsibility for the supervision of the older people, the relatives will leave it to the Local Authority, and I do feel that there is a degree of pressure being brought to bear upon Local Authorities to take over the responsibility for the supervision of elderly people in their own homes and to relieve the younger relatives of their evident duty.

I take this opportunity of saying how much I appreciate the work by the staff of the Domestic Help Service. I realise only too well the difficulties they have to deal with and the work definitely requires the exercise of great patience.

## HOME HELP SERVICE—AGE GROUP

	25-35	35-45	45-55	55-65	65-75	75-85	85-	Total
Cases from previous yr.	—	—	—	—	—	—	—	50
Diseases of Circulatory System	—	2	—	1	—	11	13	27
Diseases of Digestive System	—	—	—	1	1	1	—	3
Diseases of Nervous System	—	1	2	—	2	—	—	5
Diseases of Respiratory System	—	2	3	—	1	—	—	6
Diseases of Metabolism ....	—	—	1	—	—	—	—	1
Rheumatic Diseases	—	—	—	1	4	—	—	5
Pulmonary Tuber- culosis ....	—	—	1	1	—	—	—	2
Senility ....	—	—	—	—	—	—	2	2
Diseases of Muscle and Bone ....	1	—	—	—	1	—	—	2
Infirmity ....	—	—	—	—	—	7	—	7
Infirmity due to Blindness ....	—	—	—	—	1	—	—	1
Debility ....	—	—	1	—	—	—	—	1
Mental Deficiency ....	—	1	—	—	—	—	—	1
Parturition .....	3	13	—	—	—	—	—	16
Motherless Family	—	—	1	—	—	—	—	1
TOTAL ....	4	19	9	4	10	19	15	130

Generally speaking the standard of health within the Burgh has been fairly high during 1956. The birth rate and death rate maintained a fairly normal level. There were only two deaths from principal epidemic diseases and these were from Influenza.

The infant mortality figure is fairly satisfactory when one appreciates that the major proportion of the deaths occurred under four weeks.

There were no maternal deaths during the year.

The illegitimate birth rate has somewhat increased but is still below that for the whole of Scotland and below the average for the large Burghs.

My thanks to the Nursing Superintendent, Miss Stewart, for her continued loyalty and devotion to duty. The efficient working of the Nursing Service and the Domestic Help Service is due to her organisation.

I would thank Dr. Martin for her efficient services in the School Medical Inspection and the Child Welfare Work, and for her readiness to deputise for me during my absences from the Burgh.

I wish to record here my appreciation of the co-operation of Mr. French, the Chief Sanitary Inspector, and his staff.

I appreciate the help I receive from the General Practitioners and it is gratifying to have their co-operation in all matters of common interest.

Finally, to my clerical staff I will say "thank you" for their loyalty and good work they have carried out during the year.

# Principal Statistical Facts showing Falkirk's position for the Year 1956

			Scotland	Large Burghs		Falkirk
				Counties of Cities	Large Burghs	
Population (Total at 30th June, 1955) ....			5,144,600	1,913,500	855,000	37,100
Birth-rate per 1,000 ....			18.5	18.8	19.8	15.1
Death-rate ....			12.0	12.3	11.5	11.9
	All Tuberculosis ....	Nos.	801	396	157	8
		Rates	0.16	0.21	0.18	0.22
	Respiratory Tuberculosis ....	Nos.	715	360	142	6
		Rates	0.14	0.19	0.17	0.16
Principal Epidemic Diseases	Total Deaths ....		61,792	23,605	9,861	440
	Measles ....		10	3	3	—
	Scarlet Fever ....		2	1	—	—
	Whooping Cough ....		14	5	4	—
	Diphtheria ....		2	—	—	—
	Influenza ....		262	83	42	2
	Bronchitis and Pneumonia (excl. Pneumonia of newborn)		3,993	1,948	656	41
	Illegitimate Births per cent. of Total Births....		4.3	4.9	3.7	3.2
	Infant Mortality ....		29	30	30	22
	Total Births ( Live ) ....		95,313	36,052	16,938	558
	Stillbirths ....		2,329	904	421	19
	Deaths from all Puerperal Causes ....		51	20	10	—
	Deaths from Puerperal Sepsis ....		15	2	5	—
	Deaths from other Puerperal Conditions ....		36	18	5	—
	Death Rate per 1,000 Live Births	All Puerperal Conditions		0.5	0.6	0.6
Puerperal Sepsis ....		0.2	0.1	0.3	—	
Other Puerperal Conditions		0.4	0.5	0.3	—	

COMPARATIVE TABLE OF VITAL STATISTICS FOR THE PAST TEN YEARS

YEAR	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Population ....	38,435	38,499	38,449	38,206	37,594	37,179	37,364	37,200	37,000	37,100
Birth-rate ....	20.9	18.4	17.1	15.4	15.9	15.3	15.8	14.5	15.3	15.1
Death-rate ....	13.0	12.5	11.5	11.8	12.7	12.6	11.6	12.3	12.3	11.9
Infantile Mortality Rate ....	42	37	50	32	42	51	22	31	27	22
Tuberculosis (all forms) ....	.49	.60	.60	.39	.35	.22	.29	.16	.24	.22
Tuberculosis (Respiratory system)	.47	.52	.52	.26	.29	.16	.27	.16	.22	.16
Zymotic Death-rate ....	.16	.05	.16	.03	.19	—	.05	.05	.05	.05

### Comparative Table of Births for the past Ten Years

Year	Male	Female	Total	Illegitimate	Birth-rate	Percentage Illegitimate
1947	399	405	804	31	20.9	3.9
1948	379	328	707	31	18.4	4.4
1949	354	305	659	38	17.1	5.8
1950	305	283	588	29	15.4	4.9
1951	319	277	596	24	15.9	4.0
1952	301	266	567	24	15.3	4.2
1953	308	283	591	21	15.8	3.6
1954	275	266	541	18	14.5	3.3
1955	275	291	566	8	15.3	1.4
1956	299	259	558	18	15.1	3.2

### Comparative Table of Infantile Deaths for the past Ten Years

Year	Number of Deaths	Death of Infants per 1000 Births
1947	34	42.0
1948	26	37.0
1949	33	50.0
1950	19	32.0
1951	25	42.0
1952	29	51.0
1953	13	22.0
1954	17	31.0
1955	15	27.0
1956	12	22.0

### Comparative Table of Deaths for the past Ten Years

Year	Number of Deaths Registered	Death-rate	Population
1947	454	13.0	38,435
1948	435	12.5	38,499
1949	593	11.5	38,449
1950	608	12.8	38,206
1951	555	11.7	37,594
1952	468	12.6	37,179
1953	434	11.6	37,364
1954	459	12.3	37,200
1955	454	12.3	37,000
1956	440	11.9	37,100



# FALKIRK TOWN COUNCIL

## HOME NURSING & MIDWIFERY

Report for year ending—31st December, 1956

Cases carried forward from previous year	.....	.....	.....	218
New Cases	.....	.....	.....	785
				<u>1,003</u>

### General

	No. of patients	No. of visits
Medical	589	32,457
Surgical	249	2,609
		<u>35,156</u>

### Results

Convalescent	.....	.....	.....	.....	.....	603
Transferred to Hospital	.....	.....	.....	.....	.....	86
Died	.....	.....	.....	.....	.....	75
Remaining on Book	.....	.....	.....	.....	.....	239
						<u>1,003</u>

### Maternity

Number of Home Confinements	.....	.....	.....	.....	120
Number of cases discharged from F.R.I. requiring Nursing care					45
Number of Nursing Visits					2,382
Number of Ante-Natal Visits	.....	.....	.....	.....	720
Number of Post-Natal Visits	.....	.....	.....	.....	240
Number of Patients removed to Hospital before delivery	.....				2
Number of cases where Doctor was present at birth	.....				12
Number of cases where temperature of mother was 100°F on any two occasions and was sustained for 24 hours	.....	.....			—
Number of Still Births	.....	.....	.....	.....	6
Number of Infants dying within 24 hours of birth	.....	.....			—
Number of cases who received gas air analgesis	.....	.....			32
Number of cases who received Pethedine	.....	.....	.....		40



### Health Visiting

				1st visit	Re-visit	Total
Expectant Mothers	.....	.....	.....	463	216	679
Post Natal	.....	.....	.....	450	80	530
Infants	.....	.....	.....	575	6,326	6,901
Children 1—5 years	.....	.....	.....	555	4,129	4,684
Tuberculosis Supervisory	.....	.....		40	1,556	1,596
Tuberculosis Nursing	.....	.....		34	759	793
Contacts of patients suffering from						
Infectious Disease	.....	.....	.....	106	370	476
Supervisory Visits to Geriatrics			.....	24	1,352	1,376
Special Visits to problem families, etc.				10	1,605	1,615
						<hr/>
						18,650
						<hr/>

## CLINIC ATTENDANCES

## Meadow Street Clinic

	1st visit	Re-visit		1st visit	Re-visit
Infants .....	316	3,770	Supervisory .....	67	724
Children—1-5 yrs. ....	19	215	Light Therapy .....	124	1,028
			Scabies .....	20	20
			Minor Ailments .....	80	325

## IMMUNISATION

Diphtheria A.P.T.			Whooping Cough and Diphtheria D.P.P.		
1st Injection .....	.....	2	1st Injection .....	.....	8
2nd Injection .....	.....	—	2nd Injection .....	.....	9
			3rd Injection .....	.....	22

## Whooping Cough, Diphtheria and Tetanus

1st Injection .....	.....	122
2nd Injection .....	.....	122
3rd Injection .....	.....	203

Smallpox Vaccinations .....	.....	132
Tuberculosis Vaccinations B.C.G. ....		95
Tuberculosis Patch Tests .....		100
Tuberculosis Mantoux Tests .....		64

## Poliomyelitis Vaccination

1st Injection .....	.....	207	2nd Injection .....	.....	203
---------------------	-------	-----	---------------------	-------	-----

## Camelon Clinic

	1st visit	Re-visit
Infants .....	.....	.....
Children—1-5 years .....	108	1,570
	55	255

## IMMUNISATION AND VACCINATION

Diphtheria Immunisation			Whooping Cough and Diphtheria Immunisation D.P.P.—		
A.P.T.					
1st Injection .....	.....	2	1st Injection .....	.....	Nil
2nd Injection .....	.....	—	2nd Injection .....	.....	Nil
			3rd Injection .....	.....	Nil

## Diphtheria, Whooping Cough and Tetanus

1st Injection .....	.....	111
2nd Injection .....	.....	102
3rd Injection .....	.....	91
Smallpox Vaccination .....		86

## DISTRIBUTION OF BABY FOOD

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					<i>Packets</i>
Cow & Gate—Full Cream	.....	.....	.....	.....	1824
Ostermilk No. 2	.....	.....	.....	.....	1344
M.O.F.	.....	.....	.....	.....	12
Farex	.....	.....	.....	.....	240
Twinpack	.....	.....	.....	.....	72
Robrex	.....	.....	.....	.....	36
Trufood—Humanised	.....	.....	.....	.....	228
Trufood—Follow-on	.....	.....	.....	.....	84
Baby Rice	.....	.....	.....	.....	156
Groats	.....	.....	.....	.....	60
Rusks	.....	.....	.....	.....	48
Heinz Strained Baby Foods	.....	.....	.....	.....	385 doz. tins
Large Rose Hip	.....	.....	.....	.....	204 bottles
Small Rose Hip	.....	.....	.....	.....	216 bottles

## CARE OF MOTHERS AND YOUNG CHILDREN

### (1) Ante-natal and post-natal service

	No. of Clinics provided at end of year whether held at Child Welfare Clinics or other premises	No. of women who attended at the Clinics during the year	Total No. of attendances made by women during the year
Local Health Authority Clinics—			
Ante-natal Clinics ... ..	—	—	—
Post-natal Clinics .... ..	—	—	—
Clinics provided by Voluntary Organisations—			
Ante-natal Clinics .... ..	—	—	—
Post-natal Clinics .... ..	—	—	—

### (2) Child Welfare Clinics

	No. of Clinics provided at end of year	No. of children who first attended the Clinics during year and who on the date of their first attendance were :—		Total No. of attendances made during year by children who at end of year were :—	
		Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
Local Health Authority Clinics	2	424	74	5304	506
Clinics provided by Voluntary Organisations	—	—	—	—	—

### Day Nurseries (including 24-hour Nurseries) as at end of Year

Nurseries provided by Authority	State whether approved for training	No. of approved placed		No. of children on register at end of year		Average daily attendances during year		Waiting lists at end of year	
		0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5
The Day Nursery, Arbuthnot Street, Camelon, Falkirk	Yes	16	24	16	26	12	22.5	14	24
The Day Nursery, Merchiston Ave., Falkirk	Yes	15	30	15	30	10	22	15	20
Woodburn Day Nursery, Woodburn Road, Falkirk	Yes	According to demand	40	5	40	4	28	18	17

(v) Day Nurseries, Residential Nurseries and Children's Homes provided under Section 22 of the National Health Service (Scotland) Act, 1947

#### Staff employed in Day Nurseries

		Whole-time	Part-time
Matrons	State registered (R.G.N., R.S.C.N., or R.F.N. ....	1	—
	Others ....	2	—
Deputy Matrons	State registered (R.G.N., R.S.C.N. or R.F.N.) ....	1	—
	Others ....	1	—
Certificated Nursery Nurses	....	6	—
Enrolled Assistant Nurses	....	—	—
Nursery Students in Training	....	16	—
Other Staff	State registered (R.G.N., R.S.C.N. or R.F.N.) ....	—	—
(excluding domestics)	Not State registered (Playmistresses, Nursery Assistants, Helpers, etc. ....	1	—
Total		28	NIL.

## MIDWIFERY

- (i) Total No. of births occurring in the area during year—that is before correction for mother's residence :—  
     Live Births, 1,411. Still Births, 38. Total, 1,449.
- (ii) Total No. of births in (i) occurring in institutions (including private maternity homes), 1329.
- (iii) No. of births in (i) occurring at home,  
     Live, 114. Still, 6. Total, 120.
- (iv) No. of births in (iii) classified to show nature of attendance at birth :—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947			Other domiciliary cases			Total
	Doctor engaged and present at confinement	Doctor engaged and not present at confinement	Midwife alone (no doctor engaged)	Doctor engaged	Midwife alone (no doctor engaged)	Without doctor or midwife	
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis) (2)	12	108	—	—	—	—	120
(b) Midwives employed by Voluntary Organisations	—	—	—	—	—	—	—
(c) Midwives employed by Hospital Boards of Management ....	—	—	—	—	—	—	—
(d) Private practising midwives ....	—	—	—	—	—	—	—
(e) Totals ....	12	108	—	—	—	—	120

### ADMINISTRATION OF ANALGESICS

(a)	No. of domiciliary midwives in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board for Scotland .....	17
(b)	No. of domiciliary midwives who received their training during the year .....	—
(c)	No. of sets of Apparatus for the administration of gas and air in use in the area at 31st December, 1956 .....	—
(d)	No. of cases in which analgesia was administered by midwives in domiciliary practice during the year (including cases attended by hospital midwives undertaking domiciliary cases)	
	(1) When Doctor was not present at delivery .....	26
	(2) When Doctor was present at delivery .....	6
(e)	No. of cases in which pethidine was administered by midwives in domiciliary practice during the year (including cases attended by hospital midwives undertaking domiciliary cases)	
	(1) When Doctor was not present at delivery .....	32
	(2) When Doctor was present at delivery .....	8
	No. of Cars in use by midwives at 31st December, 1956 .....	—

### HEALTH VISITING

	No. of Visits paid by Health Visitors during year					
	Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5	
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
Health Visitors employed by the Authority* 7	453	679	575	6,901	555	4,694
(Nursing Visits)	Tuberculosis Cases		Other Cases		Total Visits Paid	
	First Visits	Total Visits	First Visits	Total Visits		
	385	1,596	1,636	4,780	18,650	
Health Visitors employed by Voluntary Organisations ....	Nil					

\*All 19 members of Nursing Service are certified midwives.  
The Service is a combined one and no absolute figures can be given for midwives.

## DOMESTIC HELPS

(1) No. of Domestic Helps employed at end of year	37
(a) Whole time	21
(b) Part time	16
(c) Retaining fee basis	13
(2) No. of cases for which Helps were provided during the year	130
(3) No. of cases in (II) provided on account of Confinements :—	
(a) At home	16
(b) In hospital	2
(4) Number of cases provided in (II) on account of chronic sick including aged and infirm	77

## HOME NURSING

	No. of Cases attended by Home Nurses under arrangements made under this Section (exclusive of midwifery)	No. of Visits paid by Nurses to these Cases
Home Nurses employed directly by the Authority* 10	833 (274) †	35,156 (11,918)
Home Nurses employed by Voluntary Organisations	—	—

† Elderly Patients (65 or over) shown in brackets.

## (iv) Combined Duties in Midwifery, Home Nursing and Health Visiting Services

Nurses and Midwives on combined duties in the Midwifery, Home Nursing and Health Visiting Services employed in the following categories :—	Directly employed by Local Health Authority		No. holding Health Visitor Certificate.
	Whole-time	Part-time	
Superintendent or (Chief) Nursing Officers	1	—	1
Non-Medical Supervisors and Assistant Non-Medical Supervisors of Midwives	1	—	1
Superintendents or Sisters-in-charge of District Nurses' Homes	—	—	—
Nurses and Midwives employed on :—Midwifery, Health Visiting and Home Nursing Duties	18	—	5
Midwifery and Home Nursing duties	—	—	—
Midwifery and Health Visiting duties	—	—	—
Health Visiting and Home Nursing duties	1	—	—
Total	21		7



## SCHOOL NURSING SERVICES

Number of Medical Inspections Attended .....	180
Number of Class Inspections paid—No Doctor present .....	267
Number of “ Follow-up ” Visits paid to homes of school children .....	119
Number of Minor Ailments treated at Clinic .....	80

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## MATERNITY

### **In accordance with D.H.S. Circular No. 84/1951**

The number of Maternity Outfits given out Domiciliary Ante-natal patients was .....	118
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### **Provision of Materials given out to Local Practitioners for Immunisation Purposes**

Alum Precipitated Toxoid .....	5 c.c.s.
Diphtheria Pertussis Prophylactic .....	4 × 10,000 units
Diphtheria Tetanus Pertussis Prophylactic .....	800 c.c.s.
Calf Lymph .....	266 singles

## SCHOOL MEDICAL SERVICES

January — December 1956

## INSPECTION

Schools	Routine Cases				Follow-up	Special Cases	Totals
	5 yrs. of age	9 yrs. of age	13 yrs. of age	16 yrs. of age			
Technical	—	—	263	14	149	30	456
High	—	—	137	37	63	1	238
St. Mungo's	—	—	114	—	72	18	204
Camelon	68	98	36	—	170	12	384
Carmuir	117	143	46	—	195	76	577
Comely Park	89	154	—	—	152	31	426
Victoria	68	99	—	—	162	22	351
Northern	20	17	—	—	32	8	77
St. Francis	61	62	—	—	119	37	279
Bainsford	81	85	—	—	119	22	307
TOTAL	504	658	596	51	1233	257	3299

## DEFECTS

Schools	Eyes	Ear, Nose and Throat	Tonsils	Nits	Excluded Nits and Vermin
Technical	56	—	2	3	1
High	16	—	2	2	—
St. Mungo's	27	—	1	19	1
Camelon	25	—	9	12	6
Carmuir	74	—	15	22	5
Comely Park	33	—	14	4	3
Victoria	34	—	5	27	3
Northern	4	—	5	—	3
St. Francis	26	—	3	16	2
Bainsford	23	—	16	8	4
TOTAL	318	—	72	113	28

## IMMUNISATION

Schools	Place	Boosting	1st Inj.	2nd Inj.	Refused
Technical	Meadow Street	—	—	—	—
High	Meadow Street	—	—	—	—
St. Mungo's	Meadow Street	—	—	—	—
Camelon	Meadow Street	27	5	2	4
Carmuir	Meadow Street	84	20	—	2
Comely Park	Meadow Street	41	5	3	20
Victoria	Meadow Street	53	13	11	8
Northern	Meadow Street	23	—	—	—
St. Francis	Meadow Street	37	6	—	5
Bainsford	Meadow Street	46	5	4	22
TOTAL		311	54	30	61

B.C.G. VACCINATION OF SCHOOL CHILDREN.      JANUARY-DECEMBER, 1956.

SCHOOLS	*TUBERCULIN TESTED								NEGATIVE RE-ACTORS							
	1938	1939	1940	1941	1942	1943	1944	1938	1939	1940	1941	1942	1943	1944		
Year of Birth																
Technical High ....	—	4	—	—	183	—	—	—	2	—	—	124	—	—		
Camelon Carmuir's	—	25	—	—	119	—	—	—	14	—	—	78	—	—		
St. Mungo's	—	—	—	—	26	9	—	—	—	—	—	15	5	—		
	—	—	—	1	34	—	—	—	—	—	—	25	—	—		
	—	—	—	15	67	34	—	—	—	—	9	58	25	—		
TOTALS ....	—	29	—	16	429	43	—	—	16	—	9	300	30	—		
Grand Totals	517							355								

SCHOOLS	POSITIVE RE-ACTORS								VACCINATED							
	1938	1939	1940	1941	1942	1943	1944	1938	1939	1940	1941	1942	1943	1944		
Year of Birth																
Technical High ....	—	2	—	—	51	—	—	—	2	—	—	124	—	—		
Camelon Carmuir's	—	9	—	—	35	—	—	—	14	—	—	78	—	—		
St. Mungo's	—	—	—	—	10	4	—	—	—	—	—	15	5	—		
	—	—	—	1	7	—	—	—	—	—	—	25	—	—		
	—	—	—	4	8	9	—	—	—	—	9	58	25	—		
TOTALS ....	—	11	—	5	111	13	—	—	16	—	9	300	30	—		
Grand Totals	140								355							

\* Of the number of children tuberculin tested 22 failed to report to determine whether they had a negative or positive re-action.

## REPORT ON MENTAL HEALTH SERVICE

	1956
Number of Lunatics admitted to Hospital.....	19
Number of Voluntary Patients admitted to Hospital .....	1
Number of Lunatics on probation .....	2
Number of Lunatics under Guardianship .....	3
Number of Mental Defectives admitted to Certified Institution .....	1
Number of Voluntary Patients admitted to Hospital .....	1
Number of Mental Defectives placed under Guardianship	1
Number of Mental Defectives under Guardianship .....	3
Number of Mental Defectives on Licence from Institution	1

## DEPARTMENT OF HEALTH FOR SCOTLAND

Name of Local Health Authority—Burgh of Falkirk

## Vaccination against smallpox

Return for period 1st January, 1956, to 31st December, 1956

Year of Birth of Persons	Number of persons primarily vaccinated during period				Number of persons re-vaccinated during period				Number of persons specially reported during period because of actual or alleged complication of vaccination
	Typical vaccinia greatest at 7th-10th day	Accelerated (vaccinoid) Reaction 5th-7th day	Reaction greatest at 2nd-3rd day	No local reaction	Typical vaccinia greatest at 7th-10th day	Accelerated (vaccinoid) Reaction 5th-7th day	Reaction greatest at 2nd-3rd day	No local reaction	
1956	188	—	—	28	—	—	—	—	—
1955	87	1	—	10	—	—	—	—	—
1954	5	—	—	—	—	—	—	1	—
1953	3	—	—	1	—	—	2	1	—
1952	2	—	—	—	—	—	1	—	—
1951	1	—	—	—	—	—	—	1	—
1950	3	—	—	—	—	—	—	—	—
1949	2	—	—	—	—	—	—	—	—
1948	—	1	—	—	—	—	—	—	—
1947	1	—	—	—	—	—	—	—	—
1946	1	—	—	—	—	—	—	—	—
1945	1	—	—	—	—	—	—	—	—
1944	—	—	—	—	—	—	1	—	—
1943	—	—	—	—	—	1	1	—	—
1942	—	—	—	—	—	—	—	—	—
1941	—	—	—	—	—	—	—	—	—
or earlier	26	2	2	2	34	22	22	16	—
Totals	320	5	2	41	34	23	27	19	—

**IMMUNISATIONS CARRIED OUT AT CLINICS AND BY  
THE LOCAL PRACTITIONERS  
COMBINED INJECTION  
DIPHTHERIA A.P.T. & WHOOPING COUGH VACCINE  
Return for period from 1st January, 1956, to 31st December, 1956**

Year of birth of persons	Number of children who com- pleted a full course of immunisa- tion during the year ended 31st December, 1956	Number of maintenance inocu- lations given during the year ended 31st December, 1956
1956	24	—
1955	11	—
1954	2	—
1953	2	—
1952	—	—
1951	9	123
1950	6	140
1949	1	7
1948	—	2
1947	—	4
1946	—	2
1945	—	1
1944	—	—
1943	—	—
1942	—	—
1941	—	—
or earlier	—	—
<b>TOTAL</b>	<b>55</b>	<b>279</b>

**DIPHTHERIA IMMUNISATION, 1956  
Return for period from 1st January, 1956, to 31st December, 1956**

Year of birth of persons	Number of children who com- pleted a full course of immunisa- tion during the year ended 31st December, 1956	Number of maintenance inocu- lations given during the year ended 31st December, 1956
1956	—	—
1955	—	—
1954	—	—
1953	—	—
1952	—	—
1951	7	18
1950	7	49
1949	—	4
1948	—	—
1947	—	—
1946	—	—
1945	—	—
1944	—	—
1943	—	—
1942	—	—
1941	—	—
or earlier	—	—
<b>TOTAL</b>	<b>14</b>	<b>71</b>

**COMBINED INJECTION**  
**DIPHTHERIA, TETANUS and WHOOPING COUGH VACCINE**  
 Return for period from 1st January, 1956, to 31st December, 1956

Year of birth of persons	Number of children who completed a full course of immunisation during the year ended 31st December, 1956	Number of maintenance inoculations given during the year ended 31st December, 1956
1956	113	—
1955	237	—
1954	26	—
1953	15	—
1952	8	—
1951	8	21
1950	5	12
1949	1	2
1948	1	—
1947	—	2
1946	—	1
1945	—	1
1944	—	—
1943	—	—
1942	—	—
1941 or earlier	—	—
<b>TOTAL</b>	<b>414</b>	<b>39</b>

**B.C.G: VACCINATION**

Return for period 1st January, 1955 to 31st December, 1955

				<i>Tuberculin tested</i>		<i>Negative re-actors</i>		<i>Vaccinated during 1956</i>	
				M	F	M	F	M	F
1)	Nurses	.....	.....	1	19	—	8	—	4
(2)	Medical Students	.....	.....	—	—	—	—	—	—
3)	Contacts	.....	.....	69	86	62	81	36	47
(4)	Special Groups :—								
	(a) School leavers	.....	.....	243	291	166	203	185	220
	(b) New born babies	.....	.....	—	—	—	—	4	9
(5)	Others (Physiotherapists)	.....	.....	2	2	—	1	—	—

# TUBERCULOSIS—STATISTICAL RETURNS, 1956

## RESPIRATORY TUBERCULOSIS

1. Number of cases formally notified or regarded as notified from 1st January, 1956 to 31st December, 1956

		AGE-GROUPS								Total
	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
Males	—	—	2	4	11	2	1	5	2	27
Females	1	—	2	10	3	1	1	2	—	20
Total	1	—	4	14	14	3	2	7	2	47

II. Number of cases confirmed to be suffering from active respiratory tuberculosis during the year (excluding transfers in by another Authority)

		AGE-GROUPS								Total
	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
Males	—	—	2	3	10	1	1	5	2	24
Females	—	—	2	9	2	1	—	2	—	16
Total	—	—	4	12	12	2	1	7	2	40



**III. Methods by which new patients were discovered to be suffering from respiratory tuberculosis during the year**

Symptom group examination (M.M.R. or other)		23
Contact group examination (M.M.R. or other) ....		4
Mass Miniature Radiography (general public) including office and other staffs ....		13
Routine Examination of special groups (M.M.R. or other)	School staffs ....	—
	National Service recruits ....	—
	Emigrants ....	—
	Other M.M.R. ....	—
Total		40

**IV. Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year**

	Under 15 years	15 to under 45	45 and over	Total
Male	1	7	5	13
Female	—	8	1	9
Total	1	15	6	22

# HOSPITAL, ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)

V, Number of patients admitted to, discharged from or dying in Tuberculosis Hospitals, Sanatoria or wards in other Hospitals reserved for the treatment of the tuberculous.

	In hospital on January 1	Admitted during the year	Discharged during the year	Died in hospital	In hospital on December 31
Under 15 years	Male 5	4	3	1	5
	Female 4	—	2	—	2
15-45 years	Male 31	28	30	1	28
	Female 15	13	23	—	5
45 years and over	Male 14	14	16	2	10
	Female 4	4	4	—	4
Total	73	63	78	4	54

VI. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than

that reserved for tuberculous patients

—
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# WAITING LIST

VII. Number on Waiting List for Admission to Hospital at 31st December (Respiratory Tuberculosis)

NIL

## PART II—NON-RESPIRATORY TUBERCULOSIS

VIII Number of cases formally notified or regarded as notified as suffering from non-respiratory tuberculosis during the year

		AGE-GROUPS								Total
	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
Males	—	3	1	1	1	—	—	—	—	6
Females	—	—	1	1	1	—	—	—	—	3
Total	—	3	2	2	2	—	—	—	—	9

IX. Number of cases notified, or intimated, confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in by Another Authority)

FORM	SEX	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	Total
1. Abdominal	Males	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
2. Meningeal	Males	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
3. Miliary Tuberculosis	Males	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
4. Bones and Joints	Male	—	1	—	1	—	—	—	—	—	2
	Females	—	—	—	1	—	—	—	—	—	1
5. Superficial Glands	Males	—	1	—	—	1	—	—	—	—	2
	Females	—	—	—	—	1	—	—	—	—	1
6. Genito Urinary Organs	Males	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
7. Other Organs	Males	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
Total ....		—	2	—	2	2	—	—	—	—	6

## PART III—ANALYSIS OF TUBERCULOSIS DEATHS

X. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis Of whom—	—	—	—	—
Not notified or notified only at or after death	1	1	—	—
Notified less than 1 month before death	—	—	—	—
" from 1 to 3 months   "	—	—	—	—
"    3    6    "    "	—	1	—	—
"    6   12    "    "	—	—	—	—
"    1    2 years   "	—	—	—	—
" over 2 years    "	3	—	2	—
Total	4	2	2	—

# PART IV—THE TUBERCULOSIS REGISTER

XI. Return of number of persons resident in the area at 31st December, 1956, who were known to be suffering from tuberculosis

	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	Total
1. Respiratory										
Males	—	4	12	62	45	31	12	9	1	176
Females	—	2	7	80	41	10	6	4	1	151
2. Non-Respiratory										
Males	—	5	6	5	6	2	—	1	1	26
Females	—	6	8	1	6	3	1	—	—	25

## INFECTIOUS DISEASES NOTIFIED EACH MONTH

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Chickenpox	10	—	2	1	—	3	1	2	—	1	3	1	24
Dysentery (Sonne)	—	1	2	5	—	1	2	1	—	8	23	8	56
Measles	3	—	—	5	22	69	26	2	5	17	1	1	151
Primary Pneumonia	6	9	6	2	1	1	1	4	7	4	5	2	48
Scarlet Fever	1	—	2	2	2	4	1	1	6	5	5	—	29
Erysipelas	—	—	1	—	—	1	—	—	1	—	—	—	3
Whooping Cough	2	—	6	3	—	3	3	3	1	—	3	7	30
Pulmonary Tuberculosis	6	5	1	2	12	5	4	2	4	3	2	1	47
Non-Pulmonary	—	—	1	—	3	—	—	—	2	2	1	—	9
Infective Jaundice	3	2	—	1	—	—	—	1	2	—	—	—	7
Influenzal Pneumonia	1	1	—	—	—	1	—	1	—	—	—	1	5
Infective Hepatitis	—	—	—	—	—	—	—	—	—	1	—	—	1
Food Poisoning (Salmonella)	—	—	—	—	—	—	—	—	—	1	—	—	1
.....	—	—	—	—	—	—	—	—	—	—	—	—	—
.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	32	18	21	21	40	88	38	17	25	47	43	21	411







## YEAR 1956

Infectious Diseases	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Total
Chickenpox ....	10	4	1	1	8	24
Dysentery (Sonne) ....	26	15	5	8	2	56
Measles ....	11	21	12	23	84	151
Primary Pneumonia ....	9	4	8	7	20	48
Scarlet Fever ....	7	5	1	9	7	29
Erysipelas ....	1	—	1	—	1	3
Whooping Cough ....	10	—	—	5	15	30
Infective Jaundice ....	1	—	—	—	6	7
Influenzal Pneumonia ....	1	—	1	—	3	5
Pulmonary Tuberculosis ....	7	8	5	10	17	47
Non-Pulmonary ....	—	2	2	2	3	9
Infective Hepatitis ....	—	—	—	—	1	1
Food Poisoning (Salmonella) ....	—	—	—	—	1	1
.....	—	—	—	—	—	—
.....	—	—	—	—	—	—
Total	83	59	36	65	168	411

## Infectious Diseases notified during Ten Years

Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Diphtheria ....	47	36	—	—	1	—	—	—	—	—
Erysipelas ....	16	18	11	10	11	11	13	5	6	3
Scarlet Fever ....	93	189	67	67	50	99	87	75	25	29
Puerperal Fever ....	7	2	2	1	—	2	—	—	—	—
Puerperal Pyrexia ....	1	2	2	3	1	—	1	—	1	—
Cerebro-Spinal Fever ....	4	5	—	1	1	—	4	1	—	—
Ophthalmia Neonatorum ....	2	—	2	1	—	—	—	—	—	—
Acute Poliomyelitis....	9	—	2	1	1	1	—	4	2	—
Primary Pneumonia ....	66	52	71	79	70	24	35	32	32	48
Influenzal Pneumonia ....	—	6	32	33	33	5	2	4	2	5
Pneumonia (otherwise not notifiable) ....	4	4	9	—	1	2	—	—	—	—
Chickenpox ....	—	—	—	18	18	51	14	28	31	24
Dysentery ....	21	8	4	69	95	12	82	59	59	56
Measles ....	33	432	120	375	655	234	440	22	682	151
Whooping Cough ....	9	—	1	70	107	26	37	31	6	30
Undulant Fever ....	1	—	—	—	—	—	—	—	—	—
Infective Hepatitis ....	1	6	1	1	—	—	—	—	—	1
Para-Typhoid A ....	—	—	—	1	—	—	—	—	—	—
Para-Typhoid B ....	—	—	—	1	1	1	1	—	1	—
Typhoid Fever ....	1	—	—	—	—	—	—	—	—	—
Malaria ....	—	1	—	—	1	—	—	—	—	—
Encephalitis Lethargica ....	—	1	—	—	—	—	—	—	—	—
Flexner Dysentery ....	—	—	—	—	—	—	1	—	—	—
Food Poisoning (Salmonella)	—	—	—	—	—	—	1	—	—	1
Pulmonary Tuberculosis ....	41	37	38	88	66	36	61	38	45	47
Non-Pulmonary Tuberculosis	7	9	15	14	27	9	13	8	8	9
Infective Jaundice ....	—	—	—	—	—	—	—	—	7	7
Totals	363	808	377	833	1139	513	792	308	908	411

## DEATH AND DEATH RATES IN OTHER PRINCIPAL DISEASES

**Pneumonia**—There were 15 deaths from all forms of Pneumonia during the year 1956, of which 8 were males and 7 were females. This was equal to an annual death rate of 0.4 per thousand of the population.

**Other Respiratory Diseases**—Including Bronchitis, there were 29 deaths from Respiratory Diseases. There were 20 males and 9 females. The figure for 1955 was 24 deaths. The death rate for 1956 is 0.5 per thousand population.

**Vascular Diseases**—Heart Disease and Circulatory Diseases—There were 159 deaths from Disease of the Heart of which 93 were males and 66 were females. Rheumatic Heart 4 males and 3 females. Arteriosclerotic and Degenerative Heart 78 males and 57 females. Other diseases of the heart 2 males and 3 females. Hypertension with Heart Disease 3 females and 9 males.

**Deaths from Circulatory Diseases**—Vascular lesions affecting the central nervous system 26 males and 47 females. Hypertension 3 males and 9 females. Other circulatory diseases 6 males and 5 females. The total number of deaths from Circulatory diseases is 96, which is equal to an annual death rate of 1.9. During the year there were 73 deaths from Vascular Diseases. Deaths from Vascular Diseases account for 16.5 per cent of the total deaths for the Burgh.

## PRINCIPAL EPIDEMIC DISEASES

**Scarlet Fever**—There were 29 cases of Scarlet Fever notified during 1956. There were no deaths from Scarlet Fever.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	7
West .....	.....	.....	.....	.....	5
Middle .....	.....	.....	.....	.....	9
North .....	.....	.....	.....	.....	1
Camelon .....	.....	.....	.....	.....	7

**Erysipelas**—There were 3 cases of Erysipelas notified during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	1
West .....	.....	.....	.....	.....	—
Middle .....	.....	.....	.....	.....	1
North .....	.....	.....	.....	.....	—
Camelon .....	.....	.....	.....	.....	1

**Acute Primary Pneumonia**—There were 48 cases of Acute Primary Pneumonia notified during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	9
West .....	.....	.....	.....	.....	4
Middle .....	.....	.....	.....	.....	8
North .....	.....	.....	.....	.....	7
Camelon .....	.....	.....	.....	.....	20

**Influenzal Pneumonia**—There were 5 cases of Influenzal Pneumonia notified during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	1
West .....	.....	.....	.....	.....	—
Middle .....	.....	.....	.....	.....	1
North .....	.....	.....	.....	.....	—
Camelon .....	.....	.....	.....	.....	3

**Measles**—There were 151 cases of Measles notified during the year 1956. This was a marked increase from 1955 when 682 cases were notified.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	11
West .....	.....	.....	.....	.....	21
Middle .....	.....	.....	.....	.....	12
North .....	.....	.....	.....	.....	23
Camelon .....	.....	.....	.....	.....	84

**Dysentery (Sonne)**—There were 56 cases of Dysentery notified during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	26
West .....	.....	.....	.....	.....	15
Middle .....	.....	.....	.....	.....	5
North .....	.....	.....	.....	.....	8
Camelon .....	.....	.....	.....	.....	2

**Whooping Cough**—There were 30 cases of Whooping Cough notified during the year 1956. This was an increase from 1955 when 6 cases were notified.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	10
West .....	.....	.....	.....	.....	—
Middle .....	.....	.....	.....	.....	—
North .....	.....	.....	.....	.....	5
Camelon .....	.....	.....	.....	.....	15

**Chickenpox**—There were 24 cases of Chickenpox notified during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	10
West .....	.....	.....	.....	.....	4
Middle .....	.....	.....	.....	.....	1
North .....	.....	.....	.....	.....	1
Camelon .....	.....	.....	.....	.....	8

**Infective Hepatitis**—There was one case notified during the year 1956.

The Ward distribution of the case was as follows :—

Camelon .....	.....	.....	.....	.....	1
---------------	-------	-------	-------	-------	---

**Food Poisoning (Salmonella)**—There was one case notified during the year 1956.

The Ward distribution of the case was as follows :—

Camelon .....	.....	.....	.....	.....	1
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**Infective Jaundice**—There were 7 cases of Infective Jaundice notified during the year 1955.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	1
Camelon .....	.....	.....	.....	.....	6

**Pulmonary Tuberculosis**—There were 47 notified cases of Pulmonary Tuberculosis during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	7
West .....	.....	.....	.....	.....	8
Middle .....	.....	.....	.....	.....	5
North .....	.....	.....	.....	.....	10
Camelon .....	.....	.....	.....	.....	17

**Non-Pulmonary Tuberculosis**—There were 9 notified cases during the year 1956.

The Ward distribution of the cases was as follows :—

East .....	.....	.....	.....	.....	—
West .....	.....	.....	.....	.....	2
Middle .....	.....	.....	.....	.....	2
North .....	.....	.....	.....	.....	2
Camelon .....	.....	.....	.....	.....	3

## FACTORIES

### 1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	M/c line No.	Number on Register	Number of			M/c line Mo.
			Inspections	Written notices	Occupiers prosecuted	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	44	57	4		1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	209	398	31		2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	21	31	—		3
Total		274	486	35		

### 2.—Cases in which Defects were found

Particulars	M/c line No.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	M/c line No.
		Found	Re- medied	Referred To H.M. Insp'tor	By H.M. Insp'tor		
Want of cleanliness (S.1)	4	2	2				4
Overcrowding (S.2) .....	5	—	—				5
Unreasonable Temperature (S.3) .....	6	—	—				6
Inadequate ventilation (S.4) .....	7	—	—				
Ineffective drainage of floors (S.6) .....	8	—	—				8
Sanitary Conveniences (S.7)—							
(a) Insufficient .....	9	1	4		1		9
(b) Unsuitable or defective .....	10	36	32		5		10
(c) Not separate for sexes .....	11	—	—				11
Other offences against the Act (not including offences relating to Out-work) .....	12	29	27				12
Total	60	68	65		6		60

# BURGH CLINICS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>MEADOW STREET CLINIC :</b>						
U.V. Therapy ... ..	9 a.m.	—	9 a.m.	—	9 a.m.	—
Child Welfare ... ..	2-4 p.m.	2-4 p.m.	—	—	—	—
Supervisory Clinic ... ..	—	—	—	2-4 p.m.	—	—
Vaccination and Immunisation ...	2-4 p.m.	2-4 p.m.	—	—	—	10-11 a.m.
Physiotherapy Clinic ... ..	—	—	2 p.m.	9.30 a.m.	—	—
Family Planning ... ..	—	—	5-6 p.m.	—	—	—
<b>CAMELON CLINIC :</b>						
Child Welfare (Toddlers) ... ..	—	—	—	—	3-4 p.m.	—
Diphtheria Immunisation ... ..	—	—	—	—	3-4 p.m.	—
<b>BELLSMEADOW CLINIC :</b>						
Scabies—Females and Children ...	—	10.30 a.m.	10.30 a.m.	—	10.30 a.m.	—
Scabies—Males ... ..	—	6.30 p.m.	—	—	—	—





